

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. LS153

ATTN: Arnold Stark

1. OWNER RPS Nevada Corp ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 370103 | Las Vegas NV
LU NV 89137-0103 | Las Vegas NV
 2. LOCATION N10 1/4 NE 1/4 Sec 18 T 20 N/R 62 E Clark County
 PERMIT NO. n/a | 140-18-501-003 | _____
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other Auger

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--------------------------------------|--------------|------|----|------------|
| <u>Passing Well On Site of Court</u> | | | | |
| <u>Be Identified</u> | | | | |
| <u>As Division Water Resources</u> | | | | |
| <u>Recessed 2"</u> | | | | |
| <u>to 70'</u> | | | | |
| <u>to 70'-0</u> | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

| From | To |
|--------------|-----------------------|
| _____ Inches | _____ Feet _____ Feet |
| _____ Inches | _____ Feet _____ Feet |
| _____ Inches | _____ Feet _____ Feet |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |

Perforations:
 Type perforation _____
 Size perforation _____

From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal 70'-0'

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 45 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Warrick Contractor
 Address 4343 S Pahrasis Ave Contractor
LU NV 89103

Nevada contractor's license number _____
 issued by the State Contractor's Board _____

Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-3017

Signed Kent D. Lewis
 By driller performing actual drilling on site or contractor

Date 2-21-97

Date started _____, 19____
 Date completed _____, 19____

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|---|--------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | | | |
| | | | |
| | | | |
| | | | |